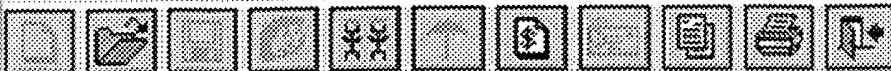


Deposit Account Maintenance

Deposit Account Window Help



Deposit Account

Number: 070832

Balance Amount: 220.50

Holder

Name: THOMSON LICENSING INC.



Address

Attention: MS. CONNIE MIX

Street: TWO INDEPENDENCE WAY

Province:

City: PRINCETON

State: NJ

Postal Code: 08540

Country: US

Telephone: 609-734-6822

Fax: 609-734-6888

Details

Category Code: NONGOVNMNT

Type: REGULAR

Notification Amt: 0.00

Status

☒ Active

☐ Closed

HDEMESS2 11/27/2006

1:46pm

BEST AVAILABLE COPY

Document Code: IMIS

Notice of Fee Due

Date:

11/27/06

Application Number:

09/555,188

A fee is due for the attached document for the reason indicated below. Please check the application for the appropriate authorization to charge a deposit account. If an authorization is present, please charge the appropriate fee*. If an authorization is not present, notify the application of the fee deficiency.

***If the fee due is for any of the filing fees, check for authorization to charge the surcharge. If authorization is present, charge the surcharge for late payment of the filing fees as well.**

☐ Insufficient payment by check or money order.

☒ Insufficient funds in deposit account _____.

☐ Insufficient payment by credit card.

☐ Declined credit card.

☐ No authorization to charge a deposit account.

Fee code(s) to be applied:

1501

1400-u

Amount in holding fee code:

1622

2622

1999

Total remaining due from applicant:

1400-u

RAM Operator

Haie

1:46 pm